

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/031145

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	32		31			
TOTAL CLAIMS	33		32			

	IND	DEP	IND	DEP	IND	DEP
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